

## HEALTH CARE

(Mr. BRADY of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BRADY of Texas. Mr. Speaker, over the past few months, we have held over 50 town hall meetings and forums on health care reform in our district. Recently, we held one in The Woodlands with a panel of doctors to talk about health care. One of them was Dr. Peter Shedden, a Canadian-born neurosurgeon, who practices in The Woodlands. He was trained in Canada, is very complimentary about the way they trained physicians. He shared his experiences.

He told us how his father died after he was refused kidney dialysis, even as the disease entered the acute phase, because he was over 70 years old. He told us, "You've got to know somebody" to get to the front of the line. He said, "There are no second opinions in the Canadian system . . . After age 70, if you get sick, you're done."

Because of the long waiting lists, he told us ER doctors are forced to make a quick evaluation of whether or not someone is "salvageable" when they come in the door. He said, "Within 48 hours, you'd better show you are going to improve; otherwise, your breathing tube is taken out and you move on . . . because there is nowhere for you to go." He also said many patients come from Canada to Texas to seek his treatment.

So before we go to a national, government-run system, I have one question for those proponents of that bill: When was the last time you went to Canada for your health care?

CONSTITUENT HEALTH CARE  
SURVEY RESULTS

(Mr. MCKEON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCKEON. Mr. Speaker, a few weeks ago, I held a town hall meeting in my district. It was widely publicized. We had a great turnout. We had about 1,200 people there. This is a district that was won by President Obama 49-48 percent, even though I'm a Republican, and I just thought it would be interesting to tell the other side what my constituents think just in case they're listening.

Do you support the health care reform plan proposed by President Obama and the congressional Democrats? Yes, 12 percent; no, 81 percent.

Overall how would you rate the quality of health care in this country? Excellent, 27 percent; good, 46 percent; fair, 11 percent; poor, 11 percent.

Do you believe the Federal Government has a responsibility to ensure health care coverage for all Americans? Yes, 15 percent; no, 65 percent.

Do you support the creation of a government-run public insurance option to

compete with private insurance? Yes, 15 percent; no, 71 percent.

Mr. Speaker, I think at least in my district the American people have spoken loudly and clearly that they don't want this Democrat government-run plan.

## HEALTH CARE

(Mr. AUSTRIA asked and was given permission to address the House for 1 minute.)

Mr. AUSTRIA. Mr. Speaker, included in the Democrats' health plan are massive cuts to Medicare Advantage that could result in a loss of health care for millions of seniors.

In my State of Ohio, this isn't good. Cuts to Medicare Advantage will have an exceptionally harmful impact to seniors in areas that I represent in Ohio, rural areas, forcing many seniors into a one-size-fits-all, government-run health care plan.

The CBO also said the Democrats' health care plan will increase seniors' Medicare prescription drug premiums by 20 percent over the next decade.

It is time that Congress listen to our constituents, listen to the American people, and have an open, bipartisan debate on health care reform.

THE DEMOCRATS' HEALTH CARE  
PLAN: WE SIMPLY CANNOT AFFORD IT

(Mr. DUNCAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNCAN. Mr. Speaker, Robert Samuelson is a long-time economics columnist for The Washington Post. He is considered to be a very middle-of-the-road writer, neither liberal nor conservative.

In yesterday's Post, he wrote a column entitled, "Public Plan Mirage." Mr. Samuelson wrote that the public option "is mostly an exercise in political avoidance: It pretends to control costs and improve access to quality care when it doesn't."

He wrote that it is a mirage because it uses "free market rhetoric to expand government power" and added that the public plan "would probably doom today's private insurance."

The so-called opt-out provision is a mirage, too, because it does not allow people to opt out of paying for the program. No State could really opt out, because its citizens would then be paying medical bills for people in other States without receiving any benefits in return.

Medicare and Medicaid have both cost about 10 times more than was predicted. This new health care plan will also cost many times more than is predicted now. We simply cannot afford it.

□ 1530

## HEALTH CARE

(Mr. SULLIVAN asked and was given permission to address the House for 1 minute.)

Mr. SULLIVAN. Mr. Speaker, a \$1.5 trillion government takeover of our health care system is not the answer. People were not even consulted about this. When I was home in August, physicians, patients, doctors, providers were not informed. The stakeholders were not even told about the Obama health care plan before it came out. This is not the answer.

And people are suffering right now. Our economy is not doing too well. People are losing jobs. And an \$818 billion tax increase on small business is not the way to reform our health care system. It is the wrong approach.

Republicans have a better way. We want people to have choice. One thing the Republicans want, we want people with preexisting conditions to get coverage and we want health insurance to go down, but we want to make sure that the bureaucrats don't get in the way of the doctor-patient relationship. That is what this plan does. There are 31 bureaucracies in place, bureaucracies and czars between you, the patient, and the doctor. That is the wrong approach.

We don't need an Obama health care plan. We need one that gives choice. We need one where people have an option to have a relationship with their doctor, and we need one that doesn't tax small business, especially right now when people are suffering and the economy is not doing that well.

## HEALTH CARE

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, yesterday the Senate majority leader announced his decision to push health care legislation with a public option, better known as government control. He said, "We've spent countless hours over the last few days in consultation with Senators."

What the Senate majority leader did not say was that these negotiations took place behind closed doors with the media and American people shut out. Recent polls show when the American people have the facts, they oppose the Democrats' proposals by a wide margin.

During his campaign, then-Senator Obama promised he would, "have all the negotiations around a big table" and "televised on C-SPAN" to "allow people to stay involved in this process."

Democratic leaders have failed to be open and candid with the American people about the decisionmaking process. The public deserves to have all of the facts regarding a health care plan that would raise premiums and cut benefits.

## HEALTH CARE

(Mr. FLAKE asked and was given permission to address the House for 1 minute.)

Mr. FLAKE. Mr. Speaker, there is much we don't know about the health care legislation being developed behind closed doors somewhere here in the Capitol. But this much we do know: the promises being made that this legislation won't add a dime to the deficit just don't hold water. Any characterization of this legislation as being deficit neutral is based on an assumption that we will obtain significant savings from Medicare, that we will somehow over the next 10 years summon up the courage to tell seniors that the benefits they currently are receiving are too lavish, and that they will need to sacrifice some of their current coverage to pay for those who don't currently have coverage.

Mr. Speaker, this type of courage doesn't reside with this Congress. We recently passed legislation to shield high-income seniors from a slight increase in Medicare part B premiums. If we have to shield seniors who make more than \$170,000 annually from paying another \$20 monthly, how are we going to find \$500 billion in savings from Medicare over the next 10 years? It simply doesn't add up.

## WHERE ARE THE JOBS?

(Mr. LoBIONDO asked and was given permission to address the House for 1 minute.)

Mr. LoBIONDO. Mr. Speaker, the people in the 2nd Congressional District of New Jersey are asking, Where are the jobs? They have watched as this Congress has passed bailouts for AIG, for GM and for Chrysler. They watched as this Congress passed a huge bailout for Wall Street, and then followed up with a stimulus bill that had very little thought and that isn't providing the jobs for our citizens. They are not too big to fail, so they are not getting help.

The unemployment rate nationally is about 9.8 percent. In most of my district, it is at least a couple of points higher than that. People are struggling. People want to understand when are we going to get spending under control, and when are we going to understand that we should pay attention to the real people, the people who have their connection to the real world, not the people who are connected to Wall Street, not the people who are getting multimillion dollar bonuses after running companies into the ground, but the people who are just trying to make America go.

## HEALTH CARE

(Mr. KIRK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KIRK. Mr. Speaker, the rule of medicine is do no harm, and the rule

here in the House of Representatives should be to build on the success of some of our States.

What are the Republican ideas for medical care reform? First, the Medical Rights Act, which says Congress should make no law interfering with decisions that you have made with your doctor.

Secondly, no reform is serious unless it has lawsuit reform in the United States.

And third, you should be given a right as an American to buy coverage from any State in the Union if you find a plan that is less expensive or more flexible for yourself or for your business.

We should avoid the mistakes of some States and repeat the successes of others. The smoking hole of health insurance in the United States is the State of New Jersey. No lawsuit reform, incredible administrative burden, it costs \$5,500 a patient to insure someone in New Jersey. The best State in the country, California, where they have cut their costs to half of the New Jersey rate, but they have rock and rolling lawsuit reform in their State. What we should do is not pass the bill that is coming up next week, a \$400 billion tax increase in the teeth of the Great Recession and a \$400 billion cut for Medicare.

## HEALTH CARE

(Mr. MORAN of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MORAN of Kansas. Mr. Speaker, many Kansans ask if health care reform will allow them the choices of options that Members of Congress and other Federal employees enjoy under the Federal Employees Health Benefits Program. That is a good question.

I sponsored legislation calling for Members of Congress who support a government-run health plan to automatically enroll in the soon-to-be-created public plan. In some of the health care bills crafted by Congress, Members of Congress have been exempt from participation. I am concerned that expansion of government-run health care will lead to rationing of care and higher taxes. If Members of Congress are so convinced the public government-run option will deliver quality, affordable care, then Members of Congress should be willing to enroll right alongside with the American people. Congress should not have a better health care plan than they are willing to provide the American people, especially since the American people are paying for both.

## HEALTH CARE

(Mr. MICA asked and was given permission to address the House for 1 minute.)

Mr. MICA. Mr. Speaker, there is quite a bit of talk right now about the spread of the H1N1 virus, but I want to

talk about amnesia in Washington. You might recall on September 12, hundreds of thousands of Americans from every State and every locality, community, converged upon Washington, and they left us some messages. And sometimes the people in Washington have forgotten those messages. One they left to me and the Congress in a petition was: serve us honorably and responsibly. They demand no more taxes. Stop spending our money. Exercise our freedoms; you will not take them away. Halt the dismantling of America. First, say "no" to cap-and-trade; second, say "no" to government-run health care.

Members, unfortunately, have amnesia around here. But I just wanted to bring forward the petition the people brought me from north central and really all of Florida petitioning their government: no government-run health care.

## HEALTH CARE

(Mr. HUNTER asked and was given permission to address the House for 1 minute.)

Mr. HUNTER. This is an interesting debate about health care. The interesting thing about this is that Congress could fix it. We could increase portability. We could make it so there aren't any more frivolous lawsuits. We could make it so there is more access, so it is cheaper, and there are more tax incentives for health care. But we aren't doing that.

What we have with health care in this country is a leaky faucet, and liberal Democrats want to tear down the entire house for that one leaky faucet. We could fix the faucet without a 1,200-page bill that is so complex that 90 percent of the American people can't understand it.

We could fix health care and do it responsibly, and we could do it gradually. Unfortunately, it looks like we will be voting to tear down the entire house. I say we just fix the leaky faucet, reform health insurance in this country, and fix things one at a time.

ANNOUNCEMENT BY THE SPEAKER  
PRO TEMPORE

The SPEAKER pro tempore (Mr. CUMMINGS). Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motion to instruct on H.R. 2996, by the yeas and nays;

Motion to suspend on H.R. 2489, by the yeas and nays;

Motion to suspend on H. Res. 854, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.